

Massachusetts Department of Public Health
Bureau of Health Professions Licensure- Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114
Medication Administration Program (MAP)
MAP Site / Clinical Review Form

Needed for Clinical Review

1. ☐ Contact person: name_____ title_____ address_____
2. ☐ Drug Reference (dated within last two years)
3. ☐ Current Curriculum-Responsibilities in Action-2020
4. ☐ MAP Policy Manual and MAP Advisories
5. ☐ Mass Controlled Substance Registration (MCSR)
6. ☐ Emergency Contact Numbers (Copy near phone)
7. ☐ Service Provider Policy Manual (specific to MAP)
8. ☐ Agency's policy for medication emergencies specifying administrative procedures
9. ☐ Countable Controlled Substance Book
10. ☐ List of program staff: assigned_____ relief_____
 - i. ☐ Staff Certifications
 - ii. ☐ CPR cards
 - iii. ☐ First Aid cards
 - iv. ☐ Training competencies (if required)

<input type="checkbox"/> Vital Signs	<input type="checkbox"/> High Alert-Warfarin Sodium
<input type="checkbox"/> G-tube/J-tube	<input type="checkbox"/> High Alert-Clozapine
<input type="checkbox"/> Routes (other than oral)	<input type="checkbox"/> Epinephrine via Auto-Injection / Epi-pen
<input type="checkbox"/> Oxygen Therapy	<input type="checkbox"/> Hospice
<input type="checkbox"/> Blood Glucose Monitoring	<input type="checkbox"/> Other specialized trainings

11. ☐ Medication Book
 - i. ☐ Health Care Provider Orders
 - ii. ☐ Medication Administration Records (MARs)
 - iii. ☐ Pharmacy Labels
 - iv. ☐ Medication Information Sheets (dated within the last two years)
 - v. ☐ Emergency Fact Sheets listing current medications including medication name, dose, and frequency
12. ☐ Medication Administration Records for each individual for the past year
13. ☐ Medication Occurrence Report Log with follow-up trainings
14. ☐ Medication Disposal Records
15. ☐ Seizure records (If Applicable)
16. ☐ Pharmacy Ordering and Receiving Records
17. ☐ LOA documents and Medication Transfer documents (If Applicable)
18. ☐ Drug Incident Reports (If Applicable)
19. ☐ Backpacking of medication documents (If Applicable)
20. ☐ Learning to self-administer documents (If Applicable)